

Alaska Department of Revenue  
**Child Support Services Division**

Please Reply To:  
CSED, MS  
(907) 269-6900  
550 W. 7<sup>TH</sup> Ave., Suite 310  
Anchorage, AK 99501-6699

Member-ID:  
Case-ID(s):

**Payment Agreement**  
(EFT in Lieu of Wage withholding)

I AGREE to pay \$ \_\_\_\_\_ for monthly child support and \$ \_\_\_\_\_ for arrears payment, for a total of \$ \_\_\_\_\_ by Electronic Funds Transfer (EFT) through a direct withdrawal in my financial accounts (as designated on the attached EFT form) on the \_\_\_\_\_ day (1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or 25<sup>th</sup>) of the month in lieu of wage withholding.

I understand completing this form is not an automatic approval, and my request may be denied by CSSD management.

I agree that:

1. If I fail to pay as agreed, I understand that CSSD will terminate the EFT process and reinstate wage withholding through my employer immediately (without prior notification).
2. I will notify my caseworker (by phone and in writing) with any changes to my employment or address.
3. All other enforcement actions will continue.

\_\_\_\_\_  
Obligor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Obligor Printed Name

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

**This form must accompany the *Non Custodial Parent Direct Withdrawal Authorization* 04-0008B form**

**STATE OF ALASKA  
DEPARTMENT OF REVENUE  
CHILD SUPPORT SERVICES DIVISION**

550 W 7th Avenue Ste 310  
Anchorage AK 99501-6699  
Phone: (907) 269-6900 Fax: (907) 269-6650  
TTY: (907) 269-6894 TTY In-State Toll-Free 1-800-370-6894

**Check One**

- ☐ New  
☐ Change  
☐ Cancel

**NON CUSTODIAL PARENT DIRECT WITHDRAWAL  
AUTHORIZATION**

Non Custodial Parent Name \_\_\_\_\_

CSSD member ID # \_\_\_\_\_  
(This is the 8 digit Member Number assigned to you  
by CSSD, not your 9 digit case number).

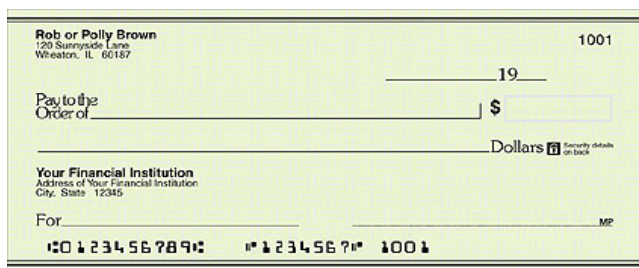
Social Security Number \_\_\_\_\_  
The disclosure of your social security number on  
this form is voluntary. We will use your social  
security number to assist in the identification of  
your bank or financial account.

I authorize the State of Alaska CSSD to initiate **Direct Withdrawal** in the amount of  
\$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month for child support. (withdrawal dates are the  
1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> or the 25<sup>th</sup> of each month)

Name of bank or financial institution: \_\_\_\_\_

Transit routing number and account number (example below): \_\_\_\_\_

Account type: ☐ CHECKING ☐ SAVINGS



Routing #      Account #

Attach a voided check or deposit slip here

This will be used to verify the name, bank  
routing number, and account number

I authorize the State of Alaska CSSD to make necessary adjustments to the above account to correct any debit entries made in error. I understand that the State will make a reasonable effort to notify me within 24 hours when an adjustment is made. This authority remains in effect as long as I have a direct withdrawal payment authorization in effect with the State of Alaska CSSD.

I understand that 30 days written notice is required to change financial institutions, account numbers, account type; and that I must notify CSSD if I close my account or cancel the direct withdrawal; that the name on the child support case must match the name on the account in which debits are being paid from.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day phone

**This form must accompany the Payment Agreement (EFT in lieu of Wage Withholding) 04-0008C form**  
CSSD 04-0008B (New 10/11/05) (1 p.)    Electronic Fund Withdrawal Authorization